



Human Resources Department

Reasonable Accommodation Request

To request a reasonable accommodation during the testing process, please complete this form and return it to the address below immediately. If you have questions, please call 520-382-1900 or 520-382-3499 (TTY phone).

Name (please print): _____
Last Name, First Name, Middle Initial

Social Security Number (optional): _____ Daytime Phone: _____

I have applied for (job title): _____
and may need reasonable accommodation during the testing process. The reasonable accommodation I may need is:

Please contact me regarding this request for reasonable accommodation.

I authorize the Town of Marana Human Resources Department to contact the medical professional, agency official, or other individual below to verify a reasonable accommodation is legitimate and necessary. I also authorize the medical professional, agency official, or other individual who is contacted to provide the information necessary for the Human Resources Department to make a decision regarding my request. If this form is faxed, this form and my signature thereon shall be regarded as the original.

Name (please print): _____

Title: _____

Agency: _____

Phone Number: _____

Applicant Signature Date

HUMAN RESOURCES DEPARTMENT USE ONLY

_____ Approved _____ Denied

Comments: _____

Processed By: _____ Date: _____